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ABSTRACT

Aided by her advisor, a communication apprehensive college senior majoring in speech communication at a small rural college developed a project designed to help herself and other apprehensives through cognitive modification. Six students enrolled in a speech communication course who were classified as communication apprehensive by the Personal Report of Communication Apprehension (PRCA) participated in the project to its conclusion. In the first session of the project, they generated negative self statements. In the next three sessions they analyzed and evaluated these statements and developed their abilities to cognitively evaluate and classify their self statements. Next they began developing coping statements to substitute for their previous negative self statements. After the final session, each student retook the PRCA and evaluated his or her experiences with the project. The results of the PRCA indicated substantial improvement over all. Students also perceived the project favorably. Although the student who initiated the project did not improve on the PRCA, her presentations after the project did not reflect apprehensive behavior. Although this was not a formal study, its results demonstrate the usefulness of such an inexpensive program for the small rural college. (JL)

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Cognitive Modification in the Small College

by

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Like many other institutions of higher education, Graceland College requires its graduates complete a course in speech communication. Random administration of the PRCA during the past two years has identified approximately twenty percent of the students enrolled in sections of the basic course as highly communication apprehensive.[1] For these students the course is at once of critical importance and of minimal attractiveness. The problems they anticipate—and experience—in both the course and life are numerous, serious, and painful. The problem itself is not the focus of this paper. Rather, the paper deals with the response of one faculty member in one small college to both the general problem of apprehension and to the specific problem of one apprehensive.

Graceland College is a small, private, church related, liberal arts baccalaureate institution in a relatively isolated rural setting.[2] Those attributes are hardly singular. Neither is their impact on attempts to deal with perceived problems. Specialists are not so highly valued as generalists in such a setting. The rule applies to students, faculty, administrators, and support staff. At Graceland the full time speech staff includes two faculty in theatre and two in speech. Each teaches at least three preparations in a twelve hour minimum load each semester. None has time to add meetings for a special "apprehensive-only" section of the basic course. The federally-supported special services program provides money to hire one student tutor in speech communication. The college counseling service, already overworked and understaffed, has no one trained in systematic desensitization or rational emotive therapy. Perhaps most important, because the school represents a residential population of over 1000 in a community with few diversions, students become

very familiar to each other. While such easy familiarity is generally considered to be very positive, it also means the apprehensive faces broad exposure of her or his problem. Such a perception may discourage apprehensives from seeking treatment.

During the fall semester of 1981, the forensics team asked to take the PRCA. Low scores were anticipated, and they were reported in all cases but one. A senior majoring in speech communication (Debbie Hoover) recorded a score of 103. An interview revealed the student was aware of her problem and of its impact on her behavior. Since all seniors at Graceland are required to complete a project in their major, her advisor (Robert Greenstreet) proposed a project in communication apprehension. The advisor believed she could learn to deal with her problem by learning about it sufficiently to either seek help or devise a self-help program.

PROPOSAL

Those three threads converged to present a real problem for the student and for Graceland. After considerable (though hardly exhaustive) review of literature, the student and her adviser developed a senior project which they hoped would respond to all three problem areas: her apprehension, the apprehension of others in the basic course, and tight resource allocation within the college.[3] The project involves treatment for the student herself and other apprehensives with minimal reallocation of college resources. It is both the minimal resource demand and the apparent effectiveness of the program which make it attractive. We feel our experience at Graceland may be readily translatable as a response to similar problems at other small colleges.

The primary methods of treatment for communication apprehension appear to focus either on skills or attitude.[4] The choice is from three basic options: rhetoritherapy, cognitive modification, or systematic desensitization. As

indicated, Graceland already offered some assistance in the area of skills development, through the class itself and through the tutoring center. For the three semesters prior to the project, a student tutor had been performing largely as a coach. Most requests for the tutor's services came immediately before students were required to present speeches. Perhaps the primary objective of the course is to develop communication skills. In the second area, attitude, Graceland offered almost nothing. Students who were deeply disturbed could see one of the college counselors, but that step requires the type of behavior an apprehensive is not likely to demonstrate. Students could also talk to their instructors privately. Again, apprehensives appear unlikely to do that, and if they were to seek such a conference, there is no reason to believe it would have a significant impact on their attitude toward communication. The choice comes down to systematic desensitization or cognitive modification. We rejected systematic desensitization for two reasons: (1) we have no speech communication faculty or counseling staff trained to administer such a program, and (2) most of our research indicates systematic desensitization is very effective as a response to specific anxieties. It appears less suited for broadly-based anxiety.[5] As we found several reasons to reject systematic desensitization we also discovered several reasons to adopt cognitive modification: (1) it focuses on the cognitive domain, on developing a cognitive response to perceived threat;[6] (2) it appears well suited as a response to a generalized anxiety;[7] (3) it may be more readily translatable to new threatening situations;[8] and (4) there is some evidence apprehensives who administer such a program to other apprehensives may benefit even more than their clients.[9]

IMPLEMENTATION

During the second week of the Spring, 1982 semester, the PRCA was administed to forty-seven students in two sections of the basic course. Nine recorded

scores above 88, indicating likely problems with high apprehension. The entire class discussed apprehension and related topics during this week in an effort to make the general climate more conducive toward rational discussion of the subject and to heighten sensitivity to the phenomenon.[10] Students with PRCA scores above 88 were invited to remain after class to discuss a possible term project in the area of communication apprehension.[11] All stayed for the discussion, during which time they were asked if they would object to being contacted by a senior speech major—herself an apprehensive—who had designed a project which might ease their anxiety. None objected. They were offerred course credit for participating in the project if they also completed a journal or paper evaluating their experiences in the project.[12] Hoover followed up that offer with a written invitation, asking students to contact her if interested. Within five days all nine students responded favorably. Before the first meeting they were asked to complete the Stanford Shyness Survey.[13] Hoover felt responses to this survey would help pinpoint individual problems, as questions focus on self-perception and behavior. Group sessions were scheduled for one hour each week.[14]

The first session introduced the nature of the project and discussed its objective (reduction of student-held anxiety) in terms of cognitive modification. The session also provided an opportunity to generate negative self statements. During the next three sessions statements were analyzed and evaluated. Statements were grouped by type (overgeneralization, arbitrary inference, magnification of evaluation aspects, or self-fulfilling prophesy) and by time of occurrence (pre-, during-, or post-event). During these sessions the subjects developed their abilities to cognitively evaluate and classify their own self statements. Their focus shifted from nearly automatic negative response to more controlled evaluation of self-messages. When the subjects were able to categorize and

evaluate the groups began to develop coping statements to substitute for their previously negative self statements. Coping statements concern the context, the task, and self evaluation. After the final session, each student was asked to re-take the PRCA. They were also asked to evaluate their experience with the project.

RESULTS

Six of the nine initial subjects completed the project. One withdrew because she did not feel the method of treatment was appropriate for her (she did not feel comfortable with the group). Another left because she felt her high PRCA score (117) did not reflect her actual personality, but resulted from involvement in a recently-terminated relationship. The third subject (could/would) not meet at times convenient to others. Discussion of results will focus on the six who completed the project.

The results on the PRCA indicate substantial overall improvement. As is shown in Table I, five of the six subjects improved their scores sufficiently

TABLE I

PRCA Score

Subject	Pre	Post	Change
1	91	86	-5
2	92	79	-13
3	93	100	+7
4	95	65	-30
5	98	72	-26
6	103	83	-20
mean	95.67	81.17	-14.5

to move within one standard deviation of the norm on the PRCA. The greatest movement was away from the highest scores. These scores appear to reflect real

change, as subjects 1, 2, and 5, became frequent contributors to class discussion (earning participation grades of B-, B, and A-) and subjects 2, 4, and 5 began to seek instructor help with problems and to complain about grades.

Subjects themselves perceived the project favorably. They reported improvement in a variety of areas, from meeting strangers and interpersonal encounters to small group discussion and public speaking. They reported a sense of being able to manage, rather than feeling overwhelmed.

Hoover's improvement is less immediately verifiable. Her PRCA went from 103 to 105, but her rating and rankings at forensics tournaments became much more competitive. Two weeks after the project was completed, she presented results before the speech staff, the division head, participants in the project, the special services staff (to whom she was trying to sell the project), other speech majors, and friends.[15] By all accounts, her presentation was fluid, eye contact was strong, aids were used adroitly, and questions were fielded smoothly. These are not behaviors characteristic of a highly apprehensive speaker.

DISCUSSION

This was not a scientific study. There was no control group; subjects were taken from a very small sample; immediate gain on PRCA scores may not equate with long-term change and may result from subjects becoming test-wise. A scientific study is beyond the scope and interest of both the authors and the supporting institution at this time. It is doubtful that such a study is even necessary in light of the readily available discussion of the merits of current treatment methods in relevant literature.[16]

Five of the seven students who completed this study—Hoover and four of the others—both reported and demonstrated improvement in their communication behavior. They attribute their improvement to the cognitive modification

program. They also report they are able to use the method on their own, in situations other than those practiced during the project.

Two students did not change much. Subjects 1 and 3 appear to need more help—with broader problems—than this project was designed to provide. Subject 1 demonstrated a singular lack of concern for his performance or for the impact of his behavior on others. Subject 3 was counseled (by others) to seek professional assistance with serious emotional problems.

For some students, then, cognitive modification provided an appropriate response to their generally-based communication apprehension. Five students of the seven completing the project (five of the ten we began with) experienced substantial reduction—demonstrable reduction—in the impact of anxiety on their communication. This "helper" program appears to offer promise as a cheap and effective method of helping some students reduce their communication apprehension within the confines of the small college setting.

Notes

[1]Systematic administration of an apprehension measurement procedure has not been implemented. Roughly half the staff routinely administers the PRCA each semester.

[2]Normal enrollment is c.1100-1250 students at this Reorganized Church of Jesus Christ of Latter Day Saints sponsored school in Lamoni, Iowa (population c.2500).

[3]A copy of her project proposal is attached as Appendix A. Paticularly helpful in reviewing literature is Susan R. Glaser, "Oral Communication Apprehension and Avoidance: the Current Status of Treatment Research," Communication Education 30:4 (October 1981), pp. 321-341.

[4]Glaser p. 322. See also William T. Page, "Rhetoritherapy vs. Behavior Therapy: Issues and Evidence," Communication Education 29:2 (May, 1980), pp.95-104; Gerald M. Phillips, "On Apples and Onions: a Reply to Page," Communication Education, 29:2 (May, 1980), pp. 105-108; James C. McCroskey, "On Communication Competence and Communication Apprehension: a Response to Page," Communication Education, 29:2 (May, 1980), pp. 109-111; William J. Fremouw and Michael D. Scott, "Cognitive Restructuring: an Alternative Method for the Treatment of Communication Apprehension," Communication Education, 28:2 (May, 1979), pp. 129-133; and Douglas J. Pederson, "Systematic Desensitization as a Model for Dealing with the Reticent Student," Communication Education, 29:3 (July, 1980), pp. 229-223.

[5]Glaser, p. 337. She also suggests problems arise when instructors administer systematic desensitization to students they will later grade (p. 329); Page, p. 99; Pederson, p. 230.

[6]Fremouw and Scott, p. 130.

[7]Glaser, pp. 331 and 337.

[8]Glaser, p. 337.

[9]Fremouw and Morton G. Harmatz, "A Helper Model for Behavioral Treatment of Speech Anxiety," Journal of Consulting and Clinical Psychology, 43:5 (October, 1975), pp. 652-660.

[10]Related topics included assertiveness, acquiescence, aggressiveness, supportive vs. defensive climates, risk in interpersonal encounters, and self disclosure. We were introducing interpersonal communication.

[11]Typically four to nine students will remain after class to discuss projects during this part of the semester.

[12]The course is designed to allow students variable credit for a broad variety of term projects.

[13]Phillip Zimbardo, Shyness: What it is, What to do About it, 1977, p. 13.

[14]This project follows procedure suggested by Fremouw and Scott. Two groups were formed, so a ratio of no more than 5:1 was maintained.

[15]The presentation was part of her senior project, but it did not have to involve a formal address.

[16]See note 4.

APPENDIX A
SENIOR PROJECT PROPOSAL
SPEECH COMMUNICATION
DEBRA L. HOOVER

PURPOSE: To research and apply methods of reducing communication apprehension.

DESCRIPTION: After research in communication apprehension, I will try cognitive restructuring with students with a PRCA of 89 or above.

PROCEDURE:

I. Communication apprehension research: background and therapy (bibliography attached)

II. Communication apprehensives were identified in Robert Greenstreet's "Speech Communication: An Introduction" classes.

III. Students filled out questionnaires, specifying problems and indicating willingness to work on problems.

IV. Six weekly workshops were scheduled:
   A. First week-identify negative cognitions about communicating
   B. Second week-begin putting some of those cognitions into perspective.
   C. Third week- placing negative cognitions into realistic perspective.
   D. Fourth week-identify continuing negative cognitions.
   E. Fifth week-replace negative cognitions with positive statements.
   F. Sixth week-discuss application during the past week, take PRCA again.

V. Presentation of research during the week of May 3. Division of Language and Literature faculty, Senior Seminar, Special Services staff, and students involved will be invited. Anyone interested will be welcome to come.

VI. With research, project to be submitted for publication in the Iowa Speech Journal by May 10.

VII. Evaluation to be based on students' reduction of apprehension, their perception of whether or not the workshops were valuable; my presentation, and self-evaluation.

APPLICATION:

This experiment can effect speech education, the Graceland Department of Theatre and Speech, and especially myself.

Because twenty per cent of the population experiences communication apprehension, speech educators are often faced with it. Until McCroskey's (West Virginia University) work, little formal research had been published in the field. My workshops are applying the work of McCroskey and others, to see for myself if it can reduce the apprehension of the discussion leader.

This project could influence the Department of Theatre and Speech at Graceland. Already we know that apprehensives are in the introductory speech classes. The structure of the introductory course may not always deal with the special needs of the apprehensives. Based on some of my research and this project, future workshops dealing with their specific problems could be developed. These might fall under Special Services or the Department of Theatre and Speech. Possibilities are: a separate section of the introductory speech course for apprehensive students; workshops, either a weekend, concentrated effort, or spread over several weeks, such as my approach.

The application for me is more immediate. In October, my PRCA was 103, indicating high apprehension. The type of therapy I am using is also known to help the therapist. Already I have learned much about my problem which I had not learned by just forcing myself to speak or perform.